## \$EBIAL NOV 97529680 APLICANTIS) FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER 1st AMENDMENT AS FILED AFTER 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. ·63 . 77 Ø8 44. TOTAL

TOTAL

TOTAL DEP.

TOTAL DEP.

CLAIMS

PTO-1360 (3-78)

D

MESS.